

APPLICATION FOR EMPLOYEE USE FUND

- 1) Agency \_\_\_\_\_
- 2) Name of fund or account \_\_\_\_\_  
Fund or account number \_\_\_\_\_
- 3) The funds legal income tax status regarding income earned (application of the unrelated business income tax (UBIT) for state universities) \_\_\_\_\_  
\_\_\_\_\_
- 4) Nature of fund (source such as gifts, profits from vending machines, coffee funds, profits from garage sales or other fund raising activities, etc., and uses) \_\_\_\_\_  
\_\_\_\_\_
- 5) How are disbursements from the fund or account controlled? \_\_\_\_\_  
\_\_\_\_\_
- 6) Date when fund or account will be established \_\_\_\_\_
- 7) Current balance of the fund as of \_\_\_\_\_, 20\_\_ \$ \_\_\_\_\_
- 8) Estimated projected total amount of the fund \_\_\_\_\_
- 9) Name of custodian appointed \_\_\_\_\_
- 10) Where and how are funds deposited? Name of financial institution (s) and account (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11) Date financial institution account (s) approved by the agency head \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Chief Accounting Officer of the State Agency)

\_\_\_\_\_  
(Date)

Approved:

\_\_\_\_\_  
(Director of Accounts and Reports)

\_\_\_\_\_  
(Date)